



Food Establishment Inspection Report

Pursuant to Title 25-A of the District of Columbia Municipal Regulations



Health Regulation and Licensing Administration • Food Safety & Hygiene Inspection Services Division • 899 North Capitol Street, NE • Washington, DC 20002

http://doh.dc.gov/service/food-safety email: food.safety@dc.gov

Establishment Name HHS CAFETERIA

Address 200 INDEPENDENCE AVE SW

City/State/Zip Code Washington, DC 20002

Telephone (202) 205-5508 E-mail address doris.cardenas@hhs.gov

Date of Inspection 01 / 08 / 2016 Time In 10 : 45 AM Time Out 11 : 10 AM

License Holder Corporate Chefs Inc

License/Customer No. 09313xxxx-70110220

License Period 12 / 01 / 2014 - 11 / 30 / 2016 Type of Inspection Follow-up

Establishment Type: Restaurant Total Risk Category 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐

Priority Violations	0	COS	0	R	0
Priority Foundation Violations	0	COS	0	R	0
Core Violations	1	COS	0	R	0
Certified Food Protection Manager (CFPM) <u>DORIS CARDENAS</u>					
CFPM #: <u>FS-65334</u>					
CFPM Expiration Date: <u>05/03/2018</u>					
D.C. licensed trash or solid waste contractor: <u>Building</u>					
D.C. licensed sewage & liquid waste transport contractor: <u>Valley Proteins</u>					
D.C. licensed pesticide operator/contractor: <u>Building</u>					
D.C. licensed ventilation hood system cleaning contractor: <u>Pritz Enterprises, Inc.</u>					

FOODBORNE ILLNESS RISK FACTORS AND PUBLIC HEALTH INTERVENTIONS				
Compliance Status				
		Supervision		
IN	OUT	1. Person in charge present, demonstrates knowledge, and performs duties	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	2. Certified Food Protection Manager	<input type="checkbox"/>	<input type="checkbox"/>
		Employee Health		
IN	OUT	3. Management, food employee, and conditional employee; knowledge, responsibilities, and reporting	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	4. Proper use of restriction and exclusion	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	5. Procedures for responding to vomiting and diarrheal events	<input type="checkbox"/>	<input type="checkbox"/>
		Good Hygienic Practices		
IN	OUT	6. Proper eating, tasting, drinking, or tobacco use	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	7. No discharge from eyes, nose, and mouth	<input type="checkbox"/>	<input type="checkbox"/>
		Control of Hands as a Vehicle of Contamination		
IN	OUT	8. Hands clean and properly washed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	9. No bare hand contact with RTE foods or a pre-approved alternate procedure properly allowed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	10. Adequate handwashing sinks properly supplied and accessible	<input type="checkbox"/>	<input type="checkbox"/>
		Approved Source		
IN	OUT	11. Food obtained from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	12. Food received at proper temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	13. Food in good condition, safe, and unadulterated	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	14. Required records available: shellstock tags, parasite destruction	<input type="checkbox"/>	<input type="checkbox"/>
		Protection from Contamination		
IN	OUT	15. Food separated and protected	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	16. Food-contact surfaces: cleaned and sanitized	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	17. Proper disposition of returned, previously served, reconditioned, and unsafe food	<input type="checkbox"/>	<input type="checkbox"/>
		Potentially Hazardous Food (Time/Temperature Control for Safety Food)		
IN	OUT	18. Proper cooking time and temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	19. Proper reheating procedures for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	20. Proper cooling time and temperature	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	21. Proper hot holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	22. Proper cold holding temperatures	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	23. Proper date marking and disposition	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	24. Time as a public health control: procedures and records	<input type="checkbox"/>	<input type="checkbox"/>
		Consumer Advisory		
IN	OUT	25. Consumer advisory provided for raw or undercooked foods	<input type="checkbox"/>	<input type="checkbox"/>
		Highly Susceptible Populations		
IN	OUT	26. Pasteurized foods used: prohibited foods not offered	<input type="checkbox"/>	<input type="checkbox"/>
		Chemical		
IN	OUT	27. Food additives: approved and properly used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	28. Toxic substances properly identified, stored, and used	<input type="checkbox"/>	<input type="checkbox"/>
		Conformance with Approved Procedures		
IN	OUT	29. Compliance with variance, specialized process, and HACCP plan	<input type="checkbox"/>	<input type="checkbox"/>

GOOD RETAIL PRACTICES				
Compliance Status				
		Safe Food and Water		
IN	OUT	30. Pasteurized eggs used where required	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	31. Water and ice from approved source	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	32. Variance obtained for specialized processing methods	<input type="checkbox"/>	<input type="checkbox"/>
		Food Temperature Control		
IN	OUT	33. Proper cooling methods used; adequate equipment for temperature control	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	34. Plant food properly cooked for hot holding	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	35. Approved thawing methods used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	36. Thermometers provided and accurate	<input type="checkbox"/>	<input type="checkbox"/>
		Food Identification		
IN	OUT	37. Food properly labeled: original container	<input type="checkbox"/>	<input type="checkbox"/>
		Prevention of Food Contamination		
IN	OUT	38. Insects, rodents, and animals not present	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	39. Contamination prevented during food preparation, storage, and display	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	40. Personal cleanliness	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	41. Wiping cloths: properly used and stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	42. Washing fruits and vegetables	<input type="checkbox"/>	<input type="checkbox"/>
		Proper Use of Utensils		
IN	OUT	43. In-use utensils: properly stored	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	44. Utensils, equipment and linens: properly stored, dried, and handled	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	45. Single-use/single-service articles: properly stored and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	46. Gloves used properly	<input type="checkbox"/>	<input type="checkbox"/>
		Utensils, Equipment, and Vending		
IN	OUT	47. Food and nonfood-contact surfaces cleanable, properly designed, constructed, and used	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	48. Warewashing facilities: installed, maintained, and used; test strips	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	49. Nonfood-contact surfaces clean	<input type="checkbox"/>	<input type="checkbox"/>
		Physical Facilities		
IN	OUT	50. Hot and cold water available; adequate pressure	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	51. Plumbing installed: proper backflow devices	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	52. Sewage and waste water properly disposed	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	53. Toilet facilities: properly constructed, supplied, and cleaned	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	54. Garbage and refuse properly disposed; facilities maintained	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	55. Physical facilities installed, maintained, and clean	<input type="checkbox"/>	<input type="checkbox"/>
IN	OUT	56. Adequate ventilation and lighting; designated areas used	<input type="checkbox"/>	<input type="checkbox"/>

IN = in compliance
N/A = not applicable

OUT = not in compliance
COS = corrected on-site

N/O = not observed
R = repeat violation

Establishment Name HHS CAFETERIAEstablishment Address 200 INDEPENDENCE AVE SW

OBSERVATIONS		25 DCMR	CORRECTIVE ACTIONS				
47. - The compressor of reach-in refrigerator #16 observed leaking. (CORRECT VIOLATION WITHIN 14 CALENDAR DAYS)		1800.1	Equipment shall be maintained in a state of repair and condition that meets the requirements specified in chapters 14 and 15.				
TEMPERATURES							
Item/Location	Temp	Item/Location	Temp	Item/Location	Temp		
Milk (Reach-in Refrigerator) (Cold Holding)	37.1F	(Reach-in Refrigerator)	36.0F	Hot Water (3-compartment sink)	111.8F	Hot Water (Handwashing Sink)	102.8F
Inspector Comments: 3 DAY NOTICES 203.2, 2414.1, 711.1, 1900.1, 1008.1, 1608.1, 2306.1 ABATED FROM INSPECTION CONDUCTED 12/29/2015. 14 DAY NOTICES 1818.1 ABATED FROM INSPECTION CONDUCTED 12/29/2015. 3 DAY NOTICE 1005.1 WAS NOT OBSERVED FROM INSPECTION CONDUCTED 12/29/2015. CORRECT ITEM STATED WITHIN 14 CALENDAR DAYS. PLEASE SUBMIT ALL QUESTIONS/INQUIRIES TO AREA SUPERVISOR MS. COLEMAN AT food.safety@dc.gov FOR EFFICIENT RESPONSE.							
Person-in-Charge (Signature)		Doris Cardenas / Helder Pedrosa (Print)		01/08/2016 Date			
Inspector (Signature)		Jaime Hernandez (Print)		607 Badge #		01/08/2016 Date	

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